



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

IND009549593

REACKNOWLEDGEMENT

JOHNSON CONTROLS INC
1302 E MONROE STREET
GOSHEN

IN 46526

INSTALLATION ADDRESS

1302 E MONROE STREET
GOSHEN

IN 46526

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

PLEASE PLACE LABEL IN THIS SPACE

III. LOCATION OF INSTALLATION

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER
IND00954959321

APPROVED

DATE RECEIVED
(yr., mo., & day)

I. NAME OF INSTALLATION

JOHNSON CONTROLS INC.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

31302 E MONROE STREET

CITY OR TOWN

GOSHEN

ST.

ZIP CODE

IN 46526

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 SAME

CITY OR TOWN

6 SAME

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 LEEDY STANLEY POLL CONTR ENGR 219-533-2111

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 JOHNSON CONTROLS INC.

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☐ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IND009549593

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

S	W	IND00954959321	13	14	15
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IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001	2 F002	3 F003	4 F005	5 F006	6 F017
7 F018	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P106	32 P121	33 U002	34 U154	35 U159	36 U220
37 U226	38 U228	39 U239	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

H. A. Mihm, Operations Manager

8/12/80

United States Environmental Protection Agency
Washington, DC 20460
Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C
C

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)C
FT/A C
1**I. Name of Installation**

J O H N S O N C O N T R O L S I N C

II. Installation Mailing Address

Street or P.O. Box

C
3

1 3 0 2 E A S T M O N R O E S T R E E T

City or Town

State

ZIP Code

C
4

G O S H E N

I N

4 6 5 2 6

III. Location of Installation

Street or Route Number

C
5

S A M E

City or Town

State

ZIP Code

C
6

S A M E

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C
2

H E C K E M E R Y M F G E N G R

2 1 9 5 3 3 2 1 1 1

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C
R

J O H N S O N C O N T R O L S I N C

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**A. Hazardous Waste Activity****B. Used Oil Fuel Activities**☒

1a. Generator

☐ 1b. Less than 1,000 kg/mo.☐

2. Transporter

☐

3. Treater/Storer/Disposer

☐

4. Underground Injection

☒

5. Market or Burn Hazardous Waste Fuel

(enter 'X' and mark appropriate boxes below)

☒ a. Generator Marketing to Burner☐ b. Other Marketer☐ c. Burner☒

6. Off-Specification Used Oil Fuel

(enter 'X' and mark appropriate boxes below)

☒ a. Generator Marketing to Burner☐ b. Other Marketer☐ c. Burner☒

7. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace**VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))**☐

A. Air

☐ B. Rail☐ C. Highway☐ D. Water☐ E. Other (specify)**IX. First or Subsequent Notification**

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐

A. First Notification

☒

B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

I N D 0 0 9 5 4 9 5 9 3

ID — For Official Use Only																
C															T/A	C
W																1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1	F 0 0 2	F 0 0 3	F 0 0 5	F 0 0 6	F 0 1 7
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P 1 0 6	P 1 2 1	U 0 0 2	U 0 3 1	U 0 8 0	U 1 5 4
37	38	39	40	41	42
	U 2 2 0	U 2 2 6	U 2 2 7	U 2 2 8	U 2 3 9
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)


☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) EMERY LEE HECK, MFG. ENGINEER	Date Signed 7/12/89
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UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

JUN 14 1982

Mr. Stanley Leedy
Johnson Controls Inc
1302 E. Monroe Street
Goshen, Indiana 46526

RE: Interim Status Acknowledgement
FACILITY NAME: Johnson Controls Inc

USEPA ID No. IND009549593

Dear Mr. Leedy:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

gcs
6/14/82

Enclosure

cc: Harry A. Mihm

Harold L. Brooks

FACILITY NAME

JOHNSON CONTROLS INC

EPA ID NUMBER

IND009549593

FACILITY OPERATOR

HARRY A MINN

FACILITY OWNER

JOHNSON CONTROLS INC

FACILITY LOCATION

1302 E MONROE STREET
GOSHEN IN 46526

PROCESS CODE	DESIGN CAPACITY	UNIT OF MEASURE
-----	-----	-----
T04	35000.00000	U
S01	1551.00000	G
S02	1100.00000	G

Handwritten: 00 235 6/14/82

-----**KEY**-----

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE	* UNIT OF MEASURE	CODE
-----	-----	-----	-----	-----
STORAGE:			* GALLONS	G
-----			* LITERS	L
CONTAINER	S01	G OR L	* CUBIC YARDS	Y
TANK	S02	G OR L	* CUBIC METERS	C
WASTE PILE	S03	Y OR C	* GALLONS PER DAY	U
SURFACE IMPOUNDMENT	S04	G OR L	* LITERS PER DAY	V
DISPOSAL:			* TONS PER HOUR	D
-----			* METRIC TONS\HOUR	W
INJECTION WELL	D79	G, L, U, OR V	* GALLONS\HOUR	E
LANDFILL	D80	A OR F	* LITERS\HOUR	H
LAND APPLICATION	D81	B OR Q	* ACRE-FEET	A
OCEAN DISPOSAL	D82	U OR V	* HECTARE-METER	F
SURFACE IMPOUNDMENT	D83	G OR L	* ACRES	B
TREATMENT:			* HECTARES	Q
-----			* POUNDS\HOUR	J
TANK	T01	U OR V	* KILOGRAMS\HOUR	R
SURFACE IMPOUNDMENT	T02	U OR V	* TONS PER DAY	N
INCINERATOR	T03	D, W, E, OR H	* METRIC TONS\DAY	S
OTHER	T04	J, R, N, S, U, V	*	



FILE

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
NANCY A. MALOLEY, Commissioner

105 South Meridian Street
P.O. Box 6015
Indianapolis 46206-6015
Telephone 317-232-8603

January 17, 1989

RECEIVED
JAN 19 1989
OFFICE OF RCRA
Waste Management Division
U.S. EPA, REGION V

Mr. John G. Fecteau
Johnson Controls
1302 East Monroe Street
Goshen, Indiana 46526

Re: Revised Part A Application
Johnson Controls
Goshen, Indiana
IND 009549593

Dear Mr. Fecteau:

Your letter of November 28, 1988, does not adequately explain discrepancies in the number and types of hazardous waste units between the original Part A application and the latest Part A received September 12, 1988.

The original Part A application from October of 1980, as well as a revised Part A from March of 1982, has a survey attached with four (4) separate hazardous waste units outlined and described. The survey is dated May 1, 1974, but the hazardous waste units were obviously penciled in at a later date.

One of these units, identified on the survey as area No. 4, is part of the wastewater treatment system and is therefore exempt under 329 IAC 3-15-1(c)(9). However, units No. 1, 2, and 3 appear to be regulated hazardous waste management units. You must either document and certify that these three (3) units were not used to store hazardous wastes after November 19, 1980, or submit closure plans for approval and close each unit.

Please provide the information requested below along with your intentions for closing areas No. 1, 2, and 3 within 30 days of the date of this letter.

Area No. 1

In your letter of November 28, 1988, you stated that the old building was razed, the ground excavated, and a new building was built. Describe the old building in detail including age, materials of construction, floor, etc. How much soil was excavated and what criteria was used to determine how much soil to remove? Include copies of any analytical results.

Mr. John G. Fecteau
Page 2

Area No. 2

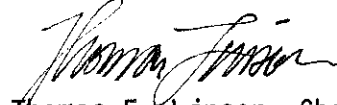
According to your Part A applications (1980, 1982), this unit was used to store drummed electroplating wastewater treatment sludge, used paint filters, and paint booth scrapings. What dates was this unit used? Has there been any known releases from this unit?

Area No. 3

This area is identified on your 1980 and 1982 Part A applications as tank storage for spent M.E.K., xylene, methyl alcohol, and oils. Provide a detailed description of the tanks including capacities and materials of construction. Over what period of time was this unit in operation? Has there been any known releases in or around this unit?

If you have any questions regarding this matter please contact Mr. John P. Maher of the Plan Review and Permit Section at AC 317/232-4534.

Very truly yours,



Thomas E. Linson, Chief
Plan Review and Permit Section
Hazardous Waste Management Branch
Solid and Hazardous Waste Management

JPM/sac

cc: Mr. Hak Cho, U.S. EPA, Region V
Mr. Bernie Orenstein, U.S. EPA, Region V
Elkhart County Health Department
Mr. Steve Hunter, IDEM
Mr. Dennis Zawodni, IDEM

FILE

cho



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NANCY A. MALOLEY, Commissioner

RECEIVED
OCT 11 1988
OFFICE OF RCRA
Waste Management Division
U.S. EPA, REGION 7

105 South Meridian Street
P.O. Box 6015
Indianapolis 46206-6015
Telephone 317-232-8603

October 6, 1988

Mr. John G. Fecteau
Johnson Controls
1302 East Monroe Street
Goshen, Indiana 46526

Re: Revised Part A Application
Johnson Controls
Goshen, Indiana
IND 009549593

Dear Mr. Fecteau:

A file review was conducted as a result of your latest correspondence. There are several discrepancies between the original Part A submitted in March of 1982, and the revised Part A received September 12, 1988.

The original part A lists three (3) separate container storage (S01) units with capacities of 1,500 gallons, 31 yards, and 20 yards. One tank storage (S02) unit was listed at 1100 gallons and one treatment (T04) unit was listed with a capacity of 3,500 gallons per day.

A survey attached to the original Part A Application indicates four (4) separate areas were used to store and/or treat hazardous wastes.

- 1) 450 square-foot barrel storage area
- 2) 200 square-foot barrel storage area
- 3) 300 square-foot tank storage area
- 4) waste water treatment system

The waste water treatment system (T04) appears to be exempt under 329 IAC 3-15-1(c)(9).

The revised Part A lists only one (1) container storage (S01) area with 10,560 gallon capacity. Please clarify these discrepancies, in writing, within thirty (30) days. Be aware that closure pursuant to 329 IAC 3-21 is required for all hazardous waste management units removed from service.

Mr. John G. Fecteau
Page 2

If you have any questions, please contact John P. Maher at AC 317/232-3398.

Very truly yours,



Thomas E. Linson, Chief
Plan Review and Permit Section
Hazardous Waste Management Branch
Solid and Hazardous Waste Management

JPM/lea

cc: Mr. James Hunt
Mr. Dennis Zawodni
Elkart County Health Department
Mr. Hak Cho, U.S. EPA, Region V
Mr. Bernie Orenstein, U.S. EPA, Region V

FORM 1 GENERAL	 ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER FIND 009549503 3D	<div style="border: 1px solid black; padding: 10px; min-height: 150px;"> PLEASE PLACE LABEL IN THIS SPACE </div>	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in areas below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
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II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

C	1	SKIP	JOHNSON CONTROLS INC	69
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)			
C	2	LEEDY STANLEY POLL. CONTROL ENG.	219	533	2111	55	

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX				B. CITY OR TOWN		C. STATE		D. ZIP CODE	
C	3	1302 E MONROE STREET	45	IN	46526	51			

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				B. COUNTY NAME		C. CITY OR TOWN		D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
C	5	1302 E MONROE STREET	45	ELKHART	70	IN	46526	039	54				

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND													
C	7	3	8	2	2	(specify)	Measuring & Controlling					C	7					(specify)					
15	16	17	18	19			Devices - Environmental Controls					15	16	17	18	19							
C. THIRD										D. FOURTH													
C	7					(specify)						C	7					(specify)					
15	16	17	18	19								15	16	17	18	19							

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?																			
C	8	H	A	R	R	Y	A	M	I	H	M																			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 66																			
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45																			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																			
F = FEDERAL										M = PUBLIC (other than federal or state)										P (specify)										C																			
S = STATE										O = OTHER (specify)										A										219																			
P = PRIVATE																				56										533																			
																														2111																			
E. STREET OR P.O. BOX																																																	
1302 E MONROE ST.																																																	
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56																			
F. CITY OR TOWN																														G. STATE					H. ZIP CODE					IX. INDIAN LAND									
GOSHEN																														IN					46526					Is the facility located on Indian lands?									
																																								<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52									
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45																			

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
C	9	N													C	9	P												
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	15	16	17	18	19	20	21	22	23	24	25	26	27		
TN 0000761															20-09-82-0525														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
C	9	U													C	9													
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	15	16	17	18	19	20	21	22	23	24	25	26	27		
															(specify)														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
C	9	R													C	9													
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	15	16	17	18	19	20	21	22	23	24	25	26	27		
															(specify)														

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9A/50

XII. NATURE OF BUSINESS (provide a brief description)

Manufacturer and Distributor of Automatic Control devices - Principle processes are machining, stamping, molding, plating, painting, automatic and manual light assembly.

F9A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
Harold L. Brooks																														10-29-80									

COMMENTS FOR OFFICIAL USE ONLY

C																															
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	

FORM 3 RCRA		ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER														
			IND 0095495933														

FOR OFFICIAL USE ONLY										COMMENTS
APPLICATION APPROVED					DATE RECEIVED (yr., mo., & day)					

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)														
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)														
<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)														

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)														
YR. MO. DAY														
7 4 01 02														

B. REVISED APPLICATION (place an "X" below and complete item I above)														
<input checked="" type="checkbox"/> 1. FACILITY HAS INTERIM STATUS														
<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT														

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S C DUP														
T/A C 3 I														
1 2 13 14 15														
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY					
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)						
X-1	S 0 2	600	G		5									
X-2	T 0 3	20	E		6	S 0 1	20 000	G						
1	S 0 1	1500 000	G		7									
2	S 0 2	1100 000	G		8									
3	T 0 4	35,000 000	U		9									
4	S 0 1	31 000	G		10									

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

The following is a brief description of our Treatment System for treating Electroplating Waste.

- a. Cyanide - Rinses are treated in a flow through batch two tank system. Chlorine gas is injected into a 1100 gal. tank at a PH of 11, elapsed time in this tank is 3.9 hours. Waters then flow to second 1100 gal. tank where PH is dropped to 8.2 - 8.5, elapsed time in second tank is 3.9 hours, waters then flow to a neutralization tank.
- b. Chromic Acid - Rinses are treated in a flow through batch two tank system. Sulfur Dioxide gas is injected into a 700 Gal. tank at a PH of two, elapsed time in this tank is 3.9 hours. Waters then flow to second 700 gal. tank where the PH is raised to 8.2 - 8.5; elapsed time in second tank is 3.9 hours. Waters then flow to a neutralization tank.
- c. Neutralization - Tank capacity is 7000 gal. and PH is controlled at 8.2 - 8.5 elapsed time in tank is 4.8 hours. Waters flow from neutralization tank to a deep bed filter. (All other biodegradable rinses flow directly into this tank)
- d. Deep Bed Filter Uses 15 micron filter paper with automatic paper advance. Paper and sludge are stored in barrels. Waters flow directly to City sanitary sewer.
- e. Treatment system design capability is 50,000 gal/day.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)													
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES									
				1. PROCESS CODES (enter)					2. PROCESS DESCRIPTION (if a code is not entered in D(1))				
1	F 001	13,000 φφφ	P	S 01								Disposed of by Licensed Transporter	
2	F 002	21,800 φφφ	P	S 01								Disposed of by Licensed Transporter	
3	F 003	3,625 φφφ	P	S 02								Disposed of by Licensed Transporter	
4	F 005	18,810 φφφ	P	S 02								Disposed of by Licensed Transporter	
5	F 006	12,350 φφφ	P	S 01								Disposed of by Licensed Transporter	
6	F 017	8,000 φφφ	P	S 01								Disposed of by Licensed Transporter	
7	P 106	NONE	P									Totally Destroyed in Plating Waste Treatment System	
8	P 121	NONE	P									Totally Destroyed in Plating Waste Treatment System	
9	U 002	362 φφφ	P	S 02								Disposed of by Licensed Transporter	
10	U 154	11,610 φφφ	P	S 02								Disposed of by Licensed Transporter	
11	U 159	6,700 φφφ	P	S 02								Disposed of by Licensed Transporter	
12	U 220	500 φφφ	P	S 02								Disposed of by Licensed Transporter	
13	U 226	19,440 φφφ	P	S 01								Disposed of by Licensed Transporter	
14	U 228	13,000 φφφ	P	S 01								Disposed of by Licensed Transporter	
15	U 239	3,625 φφφ	P	S 02								Disposed of by Licensed Transporter	
16	U 229	2,360 φφφ	P	S 01								Disposed of by Licensed Transporter	
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													

IV. DESCRIPTION OF HAZARDOUS WASTES

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	I	N	D	0	0	9	5	4	9	5	9	3	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6 A/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6 A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	1	3	4	4	4	0
65	66	67	68	69	70	71

0	8	5	4	8	4	0	0
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

C	E	J	O	H	N	S	O	N		C	O	N	T	R	O	L	S	,	I	N	C.
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36

4	1	4	-	2	7	6	-	9	2	0	0
55	56	57	58	59	60	61	62	63	64	65	66

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F	5	0	7		E.		M	i	c	h	i	g	a	n		S	t.
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33

C	G	M	i	l	w	a	u	k	e	e
45	46	47	48	49	50	51	52	53	54	55

W	I
40	41

5	3	2	0	1
47	48	49	50	51

IX. OWNER CERTIFICATION

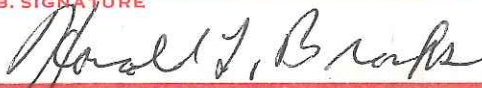
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Harold L. Brooks



10-27-80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Harry A. Mihm



10/27/80

V. FACILITY DRAWING (see page 4)

SEE ATTACHED FACILITY DRAWING

PENN PRODUCTS

GOSHEN, IND.

(Properly Layout)

AREA NO. 4 - WASTE WATER TREATMENT SYSTEM (IN BASEMENT) OF PAINT & PLATE BUILDING. TWO (2) 700 GAL. TANKS FOR CHROME REDUCTION, TWO (2) 1100 GAL. TANKS FOR CYANIDE DESTRUCTION, ONE (1) 7000 GAL. TANK FOR PH STABILIZATION AND ONE (1) DEEP BED FILTER (10 MICRON) PRIOR TO DISCHARGE TO SANITARY SEWER. (40' X 40') 1600 SQ. FT.

LAND 12.8 ACRES

TOTAL AREA UNDER ROOF. . . 307,220 SQ. FT.

OFFICE AREA 23,819 SQ. FT.

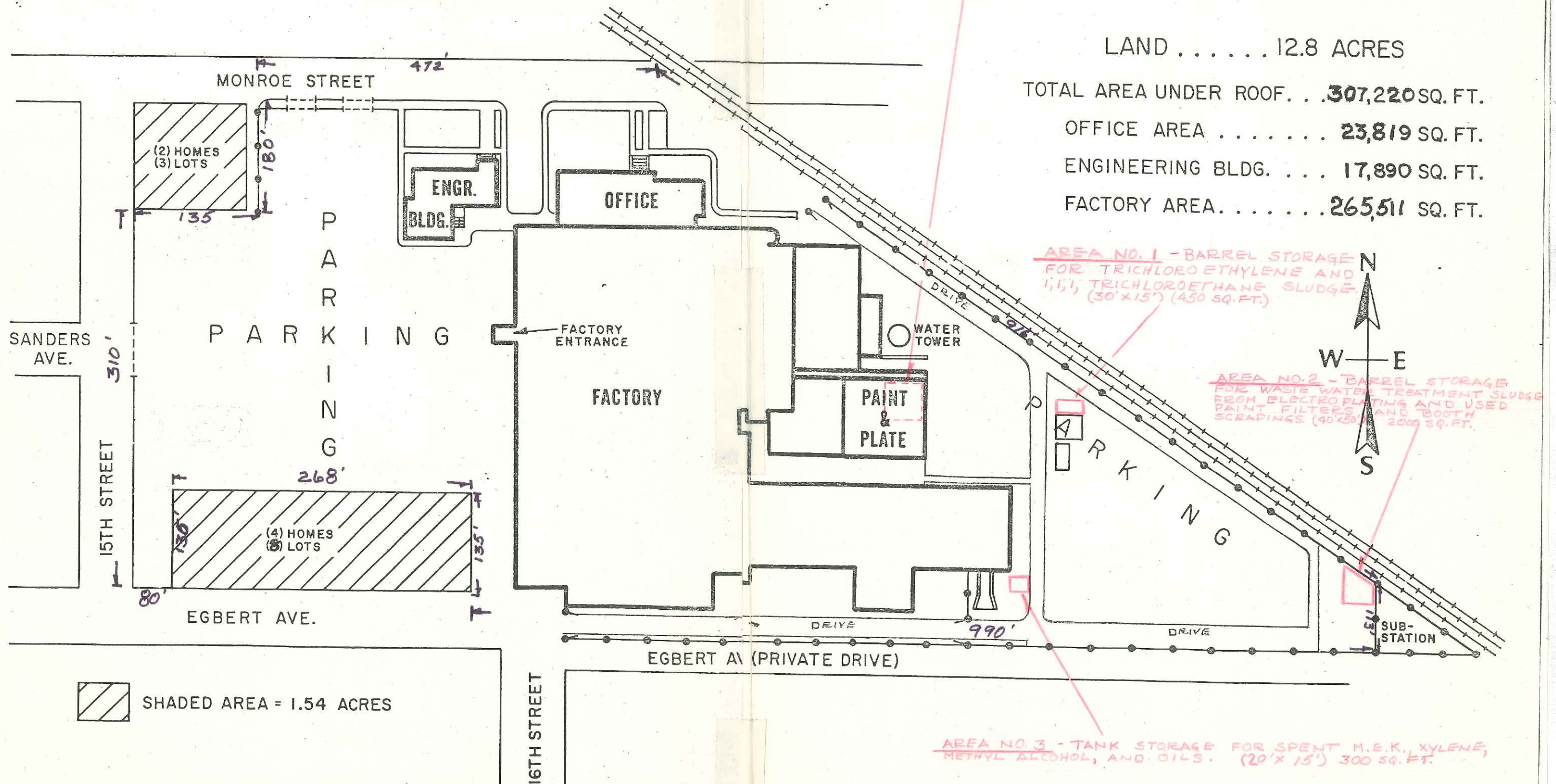
ENGINEERING BLDG. . . . 17,890 SQ. FT.

FACTORY AREA. 265,511 SQ. FT.

AREA NO. 1 - BARREL STORAGE FOR TRICHLOROETHYLENE AND 1,1,1 TRICHLOROETHANE SLUDGE (30' X 15') (450 SQ. FT.)

AREA NO. 2 - BARREL STORAGE FOR WASTE WATER TREATMENT SLUDGE FROM ELECTROPLATING AND USED PAINT FILTERS AND BOOTH SCRAPINGS. (40' X 30') 2000 SQ. FT.

AREA NO. 3 - TANK STORAGE FOR SPENT M.E.K., XYLENE, METHYL ALCOHOL, AND OILS. (20' X 15') 300 SQ. FT.





AREA NO. 1



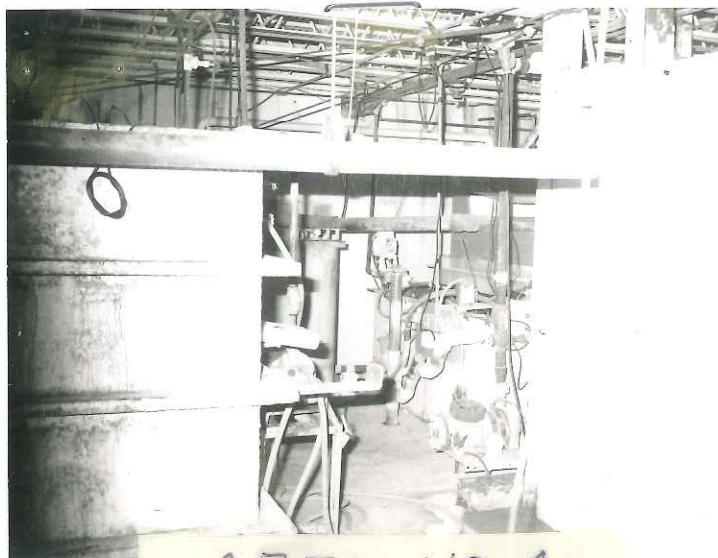
AREA NO. 2



AREA NO. 3



AREA NO. 4



AREA NO. 4



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NANCY A. MALOLEY, Commissioner

105 South Meridian Street
P.O. Box 6015
Indianapolis 46206-6015
Telephone 317-232-8603

VIA CERTIFIED MAIL - P395-651-564

May 25, 1988

Mr. John Fecteau
Johnson Controls, Inc.
1302 East Monroe Street
Goshen, Indiana 46526

Re: Part B Permit Application
Johnson Controls, Inc.
Goshen, Indiana
IND 009549593

Dear Mr. Fecteau:

Under the authority of Indiana Rule 320 IAC 4.1-34-1 and 40 CFR 270.10, this is a formal request for submittal of the Part B of the Resource Conservation and Recovery Act (RCRA) Hazardous Waste Permit Application for Johnson Controls, 1302 East Monroe Street, Goshen, Indiana, IND 009549593.

A RCRA Permit Application consists of two (2) parts, a Part A and a Part B. The Part A consists of the form your company submitted on November 3, 1980, to the U.S. Environmental Protection Agency (U.S. EPA). The Part A allowed your company to obtain "interim status," and to continue to operate the following hazardous waste management activities: (S01) container storage--1,500 gallons; (S02) tank storage--1,100 gallons; and (T04) tank treatment--35,000 gallons. On January 31, 1986, the Indiana Department of Environmental Management (IDEM) was authorized to implement the RCRA Program in lieu of the U.S. EPA. The next step in the permitting process is for your company to submit the Part B Permit Application to the IDEM and the U.S. EPA.

If your company has acted as a treatment, storage, or disposal facility (TSD) of hazardous waste at any time after November 19, 1980, and does not wish to continue to do so, then a closure plan must be submitted in lieu of the Part B Permit Application. The plan must be prepared in accordance with 320 IAC 4.1-21. If you have not treated, stored, or disposed of hazardous waste at any time after November 19, 1980, you are not subject to permit requirements. Therefore, you may request in writing an Administrative Change of Status to remove your company from the TSD list.

On November 8, 1984, the Hazardous and Solid Waste Amendments of 1984 (HSWA) were signed into law. This law amended RCRA, and contains additional provisions which may affect your company. The State of Indiana has not yet been authorized to administer the hazardous waste permit requirements of HSWA. Therefore, the final permit will contain a State portion prepared by

Mr. John Fecteau
Page 2

the IDEM and a federal HSWA portion prepared by the U.S. EPA. One important HSWA provision mandates that interim status shall terminate unless the Part B Permit Application is submitted for a determination regarding issuance of a final permit. Another provision requires corrective action for all releases of hazardous wastes or constituents from any solid waste management unit at a TSD facility seeking a permit, regardless of the time at which waste was placed in the unit. The U.S. EPA will address these and other applicable provisions of HSWA during the permit review process.

Enclosed is a copy of 320 IAC 4.1-34-5 to 35-4, which lists the requirements for submitting the Part B Application. Eight (8) copies of the application must be submitted and postmarked no later than one hundred eighty (180) days after the date of receipt of this letter. The original and six (6) copies of the application must be sent to:

Mr. Thomas E. Linson, Acting Chief
Plan Review and Permit Section
Office of Solid and Hazardous Waste Management
Indiana Department of Environmental Management
105 South Meridian Street
P.O. Box 6015
Indianapolis, Indiana 46206-6015

The other two (2) copies must be sent to:

RCRA Activities
Part B Permit Application
U. S. Environmental Protection Agency
Region V
P.O. Box A3587
Chicago, Illinois 60690-3587

Attention: Mr. Hak Cho, Chief, Indiana Section

Please uniquely number each page of the application including all attachments (maps, specifications, etc.). A certification statement identical to the one stated in 320 IAC 4.1-34-2(d) and 40 CFR 270.11(d) must accompany each application and all additional submittals.

Failure to furnish a complete Part B Application within the required one hundred eighty (180)-day period, and to provide in full all required information, is grounds for termination of interim status under 320 IAC 4.1-34-1 and 40 CFR 270.10.

Information submitted in the Part B Permit Application to the U.S. EPA can be disclosed to the public, according to the Freedom of Information Act and U.S. EPA Freedom of Information regulations. Information submitted to the IDEM can be disclosed to the public according to Indiana's Public Records Law,

Mr. John Fecteau
Page 3

IC 5-14-3. If you wish, however, you may assert a claim of business confidentiality by printing the word "confidential" on each page of the application that you believe contains confidential business information. All incoming materials containing confidential information must be sent in a double envelope--one envelope inside the other. The inner envelope is to be addressed to the Docket Control Officer (DCO) with the following instructions: "To be opened only by the DCO."

The IDEM and the U.S. EPA will review business confidentiality claims under 320 IAC 6-1 (enclosed) and 40 CFR Part 2, respectively, and may later request substantiation of such claims. Please review these rules carefully before making a claim. If you claim parts of your application as confidential, also provide a public information copy of the application. The public information copy must be identical to the full application excluding the confidential information.

Also enclosed is a copy of 320 IAC 4.1-41 through 49, 55, and 56 (rules promulgated prior to the enactment of HSWA) and 40 CFR 264.73(b)(3), (9), (11), (12); 90(a)(1); 101; 190 through 199; and 40 CFR 270.14(d)(3); and 16 which includes technical standards for the operation of TSD facilities. These standards, and the appropriate HSWA standards, will become applicable to your facility upon issuance of a final permit by IDEM and U.S. EPA. A copy of our "Part B Completeness Checklist" is also enclosed; it will assist you in preparing a comprehensive and complete permit application.

The IDEM and the U.S. EPA are committed to jointly conducting the permitting process as efficiently as possible, and will strive for the simultaneous issuance of the federal and State portions of the final RCRA permit. I suggest you contact Ms. Cindy Deal of this office at AC 317/232-3227 as you begin preparing your application.

Sincerely,



Jane Magee
Assistant Commissioner for
Solid and Hazardous Waste Management

CAD/drc

Enclosures: 320 IAC 4.1-34, 35, 41 through 49, 55, 56 and
40 CFR Part 264.73(b)(3), (9), (11), (12); 90(a)(1);
101; 190 through 199; and 40 CFR 270.14(d)(3); and 16
320 IAC 6-1
Part B Completeness Checklist

cc: Mr. James Hunt
Mr. Dennis Zawodni
Elkhart County Health Department
Mr. Hak Cho, U.S. EPA, Region V
Mr. Bernie Orenstein, U.S. EPA, Region V